



Pandemic Influenza and Response Planning in Tennessee

**Commissioner Kenneth Robinson, MD
Tennessee Department of Health
Tennessee Pandemic Influenza Summit
April 10, 2006**

Objectives

- **Pandemic influenza in Nashville, 1918**
- **Pandemic planning in Tennessee**
 - **Planning process**
 - **Preparedness progress highlights**

1918 Pandemic: Nashville

- **155,000 people lived in Nashville**
- **The local outbreak lasted from mid-September to the end of October**
- **The city hospital filled quickly**
- **A severe shortage of health care providers ruled out establishment of temporary emergency hospitals**
- **Many ill were cared for at home**

1918 Pandemic: Nashville Public Health Responses

- **Non-essential public gatherings were canceled by public health order on October 7**
 - **Included: theaters, dance halls, pool parlors, “other places of amusement”**
- **City schools were closed October 8**
- **Ministers asked not to hold worship services**
- **Street cars ordered to run with windows open**
- **No quarantine orders were issued, though most people stayed home because of fear or illness**

1918 Pandemic: Nashville

The Conclusion

- **On November 1, schools and businesses reopened**
- **By the end of the 6-week outbreak:**
 - **About 40,000 had fallen ill**
 - **468 people (1.2%) died (US average was >2%)**
 - **41% of the dead were 20-39 years old**
 - **28% of the dead were less than 10 years old**
- **Officials believed that identifying the ill quickly and delivering care at home improved patient outcomes**

Medical Burden in Tennessee (pop. 6 million) (HHS Plan Estimates)

Characteristic	Moderate	Severe*
Illness (30%)	1.8 million	1.8 million
Outpatient Care	900,000	900,000
Hospitalization	17,300	198,000
ICU Care	2,575	29,700
Mechanical Ventilation	1,300	14,850
Deaths	4,180 (0.2%)	38,060 (2%)

*HHS recommends that states plan for severe scenario

April 10, 2006

Tennessee Pandemic Planning

- **Tennessee pandemic response plan first published 1999**
- **Comprehensive revision is underway to reflect the new federal guidelines issued November 2005**
- **The new state plan will become a component of the Tennessee Emergency Management Plan (TEMP)**

Tennessee Pandemic Planning

- Pandemic planning committee of ~50 members from government and non-governmental representatives of potentially affected sectors
- Initial meeting December 12, 2005
- Working groups and subcommittees developed and reviewed preliminary drafts
- Full committee review morning of April 10
- Plan to be finalized and released in coming weeks

Tennessee Pandemic Planning

- **Regional health departments will follow with local plans**
- **Collaboration with healthcare, schools, and community leaders is integral at all planning levels**
- **Pandemic plans will be revised regularly to reflect new resources and new knowledge**

State Preparedness Highlights: Laboratory and Surveillance

- **The state public health laboratory can test human specimens for novel influenza viruses, including H5N1**
- **Expansion of the “sentinel provider network,” which tracks the percentage of patients with flu-like illness seen in certain clinics each week:**
 - **Better representation of whole state**
 - **Year-round monitoring**

State Preparedness Highlights: Healthcare Planning

- **Representatives of hospitals and healthcare provider organizations are collaborating on plan development**
- **Most hospitals have already identified a Pandemic Flu Coordinator to work with the Department for preparation and response**
- **Additional hospital and nursing home planning meetings to occur in coming months**

State Preparedness Highlights: Community Social Distancing (1)

- **Social distancing interventions are expected to be used to slow the spread of a pandemic virus (as in 1918)**
- **School, business and faith representatives are working with the state to plan for these interventions**

State Preparedness Highlights: Community Social Distancing (2)

Interventions may include:

- **Closure of schools (preK-12) and child care facilities during local outbreaks**
- **Cancellation of discretionary public gatherings; for example:**
 - **Closure of some businesses**
 - **Suspension of large congregate worship services**
- **Recommended changes in business practices to minimize the spread of the virus in the workplace**

Conclusions

- Tennessee has risen to this challenge before
- State public health planning is well underway
- The impact of a future pandemic will depend upon how we prepare ourselves at every level:
 - Family
 - Business
 - Education
 - Healthcare
 - Community